

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215549689				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Flowtronex PSI, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NV</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2015</p> <p>SCC ID NO: F1520693</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	100,000
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COMMON	100,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: C/O XYLEM INC. 1 INTERNATIONAL DR.</p> <p style="text-align: center;">CITY/ST/ZIP: RYE BROOK, NY 10573</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JANE DOBSON TITLE: PRESIDENT ADDRESS: 1133 WESTCHESTER AVE CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JANE DOBSON TITLE: PRESIDENT ADDRESS: 1133 WESTCHESTER AVE CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA LYNCH VICE PRESIDENT 2881 E. BAYARD STREET SENECA FALLS, NY 13148	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AUDREY PINKERTON VICE PRESIDENT 10661 NEWKIRK STREET DALLAS, TX 75220	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH RICHEY VICE PRESIDENT 1133 WESTCHESTER AVENUE WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DON ROY VICE PRESIDENT 8200 N. AUSTIN AVENUE MORTON GROVE, IL 60053	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT SHIMER VICE PRESIDENT 8200 N. AUSTIN AVENUE MORTON GROVE, IL 60053	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERICA FLORES ASST SECRETARY 1133 WESTCHESTER AVENUE WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SONIA HOLLIES-BELL ASST SECRETARY 1133 WESTCHESTER AVENUE WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL SPEETZEN DIRECTOR 1133 WESTCHESTER AVENUE WHITE PLAINS, NY 10604	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ SONIA HOLLIES-BELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		SONIA HOLLIES-BELL, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE		5/26/2016 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					